

## DEPARTMENT OF HEALTH SERVICES

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September 12, 1996

PPL No. 96- 023

All County Medi-Cal Administrative Activities/  
Targeted Case Management Coordinators and  
Advisory Committee Members

**MAA/TCM COORDINATION AND CLAIMS ADMINISTRATION**

The purpose of this transmittal is to provide all local governmental agencies (LGAs) participating in the Targeted Case Management (TCM) and Medi-Cal Administrative Activities (MAA) programs with the Department of Health Services' (DHS) policy regarding the requirements for claiming MAA/TCM Coordination and Claims Administration.

Listed below are requirements that must be met by LGAs intending to claim MAA/TCM Coordination and Claims Administration. The requirements listed are in accordance with the Agreement between the Health Care Financing Administration (HCFA) and the State of California, Department of Health Services, executed on November 28, 1995, and the publication titled "Preparing the Medi-Cal Administrative Activities Claiming Plan" prepared in cooperation with and approved by HCFA.

**MAA/TCM COORDINATOR**

- A MAA/TCM coordinator is an individual employed by a LGA.
- Welfare and Institutions Code, Sections 14132.44 and 14132.47 define a LGA as a county or chartered city.
- The MAA/TCM coordinator must have a position description/duty statement that includes the administration of TCM and MAA on a LGA-wide basis.
- LGA-wide basis means that the coordinator performs this activity for each of the case management agencies/claiming units within their LGA.
- If the MAA/TCM coordinator performs this activity part-time, along with other duties, the MAA/TCM coordinator must certify the percentage of time spent on each of the activities. The percentage of time certified must be supported by documentation, including time surveys.
- The costs of the MAA/TCM coordinator may be direct charged on the MAA invoice.

**CLAIMS ADMINISTRATION**

- Claims administration is performed by staff who are employed by a LGA.
- Welfare and Institutions Code, Sections 14132.44 and 14132.47 define a LGA as a county or chartered city.

- The claims administration staff must have a position description/duty statement that includes claims administration of TCM and/or MAA.
- If the claims administration staff performs this activity part-time along with other duties, the claims administration staff must certify the percentage of time spent on each of the activities. The percentage of time certified must be supported by documentation, including time surveys.
- The costs of the claims administration staff may be direct charged on the MAA invoice.

The costs of TCM claiming activity at the TCM provider level are to be included in the TCM rate. TCM provider level refers to the case management agencies that provide case management services under State Plan Amendments for Public Health, Clinics, Schools, Public Guardian, Linkage, and Adult Probation.

MAA/TCM coordinators may claim the costs of the following activities, as well as any other activities directly related to the administration of TCM services and MAA. All of these activities must be detailed in the LGA's claiming plan. Claims administration staff that represent their program or claiming unit and participate in the following activities should time survey the amount of time spent on these activities and code them to MAA/TCM Coordination and Claims Administration. The claims administration activities must be detailed in the program or claiming unit claiming plan.

1. Drafting, revising, and submitting MAA claiming plans, and TCM performance monitoring plans.
2. Serving as liaison with claiming programs within the LGA and with the state and federal governments on MAA/TCM. Monitoring the performance of claiming programs
3. Administering LGA claiming, including overseeing, preparing, compiling, revising, and submitting TCM and MAA claims to the state.
4. Attending training sessions, meetings, and conferences involving TCM and/or MAA.
5. Training LGA program and subcontractor staff on state, federal, and local requirements for MAA/TCM claiming.
6. Ensuring that MAA and TCM claims do not duplicate Medi-Cal claims for the same activities from other providers. This includes ensuring that services are not duplicated when a Medi-Cal beneficiary receives TCM services from more than one case manager.

The claiming plan description of MAA/TCM coordination and claims administration activities may be submitted separately for approval prior to submission of the complete comprehensive MAA claiming plan for the first year of MAA claiming (beginning July 1, 1995) in order to allow federal funds to flow to LGAs for administrative support as soon as possible.

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Should you have any questions regarding this matter, please contact the analyst assigned to your LGA.

Sincerely,



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Targeted Case Management:	X
Medi-Cal Administrative Activities:	X
Policy Effective Date: July 1, 1995	
Policy Reference: Welfare and Institutions Code, Sections 14132.44 and 14132.47	